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ABSTRACT

Thirty-seven Caucasian hearing adolescents with deaf parents (HADP) were administered the Tennessee Self-Concept Scale and a social cognition interview, and were compared to a control group of 32 hearing adolescents with hearing parents. Despite wide variances in the social cognition and self-concept scores of adolescents in both groups, data did not indicate that HADP differed in a statistically significant way from their peers with normal hearing parents. In addition, no differences were found between children of deaf parents who had deaf grandparents and children of deaf parents with hearing grandparents. Children who functioned as their parents' primary mediators did not demonstrate higher levels of social cognitive functioning as compared to non-mediator children. Non-mediator adolescents revealed lower self-concept scores in relation to their feelings as a family member, compared to children of deaf parents who identified themselves as mediators. (Includes 13 references) (JDD)

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"Hearing Children of the Deaf"

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While for decades, social scientists have devoted research to the study of deaf children, very little is known about what happens to these children when they grow up and become deaf adults. We do have pretty good concensus on what are the important variables in the development of deaf children. For example, we know that deaf children who themselves have deaf parents perform better on measures during the earlier years, on educational achievement and linguistic achievement (Mindel & Vernon, 1971), and social functioning (Schlesinger & Meadow, 1972). We know that age at onset of deafness is significant, as well as having access to a complete first language, whether it be sign language or speech. In reality, however, the majority of hearing parents of deaf children never acquire sign skills sufficient for everyday communication (Swisher, 1984). Their children miss conversations occuring around them because the adults in their lives are linguistically not available. The children do not learn how problems get resolved. They do not learn about others' viewpoints nor do they develop an understanding of what motivates other people's behavior (Lou, 1987). We know that adulthood for those deaf persons who had little access to quality communication as children will bring disturbing outcomes. The average deaf adult reads between a third and fourth grade reading level, a statistic that has remained constant despite the introduction of Total Communication, or signing, in school programs

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(Strong & Charlson, 1987). We know that these deaf adults have poor social cognitive skills (i.e., the ability to take the perspective of other people, to understand cause and effect, and to conceptualize other people in terms of their traits and characteristics) (Lou, 1987). We know that deaf adults in the clinical population show greater incidence of severe conduct disorders and primitive character disorders when compared to hearing clients (DeMatteo, Burke & Lou, 1990).

Until very recently, researchers have virtually ignored deaf persons as "parents" and how their deafness, and the resulting psychological and social impact, might affect their children's growth and development. We do know, however, that most deaf adults marry other deaf adults and that ninety percent of their children have normal hearing. Anecdotely, we've heard that the hearing children of deaf parents may take on extraordinary family responsibilities because of their parents' psychosocial disabilities and inability to hear. For example they often act as interpreters or "mediators" when their parents' primary means of communication is through signs. The role of mediator usually falls on only one child in the family, while siblings may only have minimal sign language skills. Joanne Greenberg's (1970) classic novel, In this Sign which was made into a tv movie and Lou Ann Walker's (1986) autobiographical book, A Loss for Words might be familiar to many of you. Both stories focused on the oldest hearing daughter of deaf parents. Fiction and retrospective essays are, of course, not unbiased accounts of children growing up with deaf parents.

In order to attempt an unbiased look at deaf parents and their hearing children, we examined hearing adolescents with deaf parents (HADP) (See also

Charlson, 1989). Based on hypotheses formulated from the research literature, from clinical case studies of children of deaf parents and from survey research, we asked the following questions:

1. Do children of deaf parents have a lower self-concept than do children of hearing parents? (We hypothesized that self-concept is related to how one is regarded by the parent and the child's perception of how they are viewed by the parent. Deaf parents may view their children as different from themselves and children view themselves as different from their parents.)
2. Do children of deaf parents who mediate have a higher level of social cognition than do children of hearing parents? (We hypothesized that mediators are earlier exposed to more adult ways of thinking. These children may have wider social experiences than do children who function within only one culture, a situation somewhat analogous to children of immigrant families.)
3. Do children of deaf parents who do not mediate have lower social cognition than do children of hearing parents? (We hypothesized that non-mediators may not be stimulated at home because of the parents' low cognitive functioning, and, in addition, might not be stimulated outside the home because they do not act as interpreters.)
4. Does having deaf grandparents, as well as deaf parents, enhance the self-concept of their hearing children? (We hypothesized that parents who were themselves raised by deaf people have fewer psycho-emotional problems and would be better able to establish a trusting relationship with their hearing children).
5. Do children of deaf parents who think of themselves as their

parents' mediator feel better about their role in the family than do children of deaf parents who do not see themselves as mediators? (We hypothesized that children who see themselves as mediators view themselves as more important to their parents than do those children who do not mediate.)

The participants in this study were 37 hearing Caucasian adolescents with deaf parents identified primarily through religious organizations and by word-of-mouth from various U.S. communities in the West, Pacific Northwest, Northeast and South. All were attending high school, had no disability, were between 14 and 19 years old, and were living with at least one parent. All parents identified themselves as deaf and used sign language as their primary mode of communication. Thirty two hearing high school students with hearing, American-born, English-speaking parents were selected as a control group to represent the same age, gender, racial and geographic distribution as the children of deaf parents. All the students were given the Tennessee Self-Concept Scale (TSCS) and a Social Cognition Interview (SCI) Each student was visited at his or her own home or school and administered both assessments.

The TSCS is a widely used self-administered measurement of self-concept. It requires a 6th grade reading level and can be completed in about 20 minutes. It investigates Identity, Self-Satisfaction, Behavior, Physical Self, Family Self, Moral-Ethical Self, Personal Self, and Social Self. Participants respond to 100 self-descriptive statements on a 5 point scale of "completely false" to "completely true."

The SCI was developed by Dr. Mimi Lou at the University of California Center on Deafness and Mental Health in San Francisco based on similar protocols developed by Peevers and Secord (1973), Selman and Byrne (1974), and Livesly and Bromley (1974) in the early '70s. It was field-tested by the research staff at the Center on Deafness for use with deaf and hearing adolescents and young adults. The SCI consists of two main sections: stories to assess role-taking and descriptions to assess levels of person conceptualization. Three stories are told orally with visual aids to the student. The first story is about a girl named Sally and her desires for a particular birthday gift. The second story is about two boys observing someone cheating in a motorcycle race. The final story is about a physically disabled boy named Will. At the end of each story, the student is asked a series of questions regarding the perspectives of various characters in the story. Responses to the stories are scored on a 7-point scale. A zero score indicates that the student cannot differentiate among the psychological perspectives of the characters. Responses are egocentric and no distinction is made between acts and feelings, intentional or unintentional. The highest score, Level 3, is given a student who can abstractly step outside an interpersonal interaction and simultaneously and mutually coordinate and consider the perspectives of the characters in the story.

In the person conceptualization section of the SCI, the student is asked to describe three individuals: someone liked, someone disliked, and him or herself. Initially the student gives a free description and then the interviewer asks specific questions to elicit additonal information. Scores for person conceptualiztion are on a 9 point scale. The lowest score, Level 1, is

given to students who can describe others in very simple terms: where the person lives, his or her occupation, or his or her appearance. The highest level, Level 5, indicates a student can explain another psychologically. He or she would describe someone in terms of his or her abilities, skills, personality traits, and beliefs, and explain what motivates the other's behavior.

To determine which HADP were mediators and which were non-mediators, the children of deaf parents were asked if they felt they were their parents' primary mediator, or if they felt another family member performed that task. To assist the students in making that distinction about mediation, they completed an additional questionnaire where they were asked the frequency of interpreting for their parents in a variety of settings, such as telephone calls, television, religious services, and doctor's appointments. If they felt they were not their parents' primary mediator, they were asked to complete the questionnaire again, this time responding for the sibling they thought did more interpreting. For the most part, children of the deaf parents could answer this question readily, even before they were presented with the questionnaire.

Despite wide variances in the social cognition and self-concept scores of adolescents in both groups, the data collected in this study indicate that, as a population, HADP do not differ in a statistically significant way in self-concept and social cognition from their peers with normally hearing parents. No differences were found either, between children of deaf parents who had deaf grandparents and children of deaf parents with hearing grandparents.

It had been hypothesized that mediators would demonstrate higher levels

of social cognitive functioning as compared to non-mediator children of deaf parents. This result was not as predicted. Mediators might in fact be unable to benefit fully from their experiences with adult situations because they are too far beyond their social cognitive capabilities. The frustrations that mediators described to me in our sessions may serve to confirm that the children are not always capable of meeting the cogntive demands of the tasks their parents require of them. However, recall that HADP were asked to self-identify as mediators or non-mediators. While this methodology was probably appropriate for answering questions about self-concept, it might have been a misdirected approach for answering the question of social cognition. Non-mediators in one family may actually have more interpreting experience that self-described mediators in another family. Non-mediator adolescents, however, did reveal lower self-concept scores in relation to their feelings as a family member than did children of deaf parents who had identified themselves as mediators. This result was as predicted. As I mentioned earlier, this difference between mediators and non-mediators might indicate that this dimension of self-concept relates strongly to the children's function, or perceived function, in the family. In the case of mediators, the children's role places them in the position of working to meet the parents' dependence needs rather than the more typical situation in which the parents' needs are subordinated to those of the child.

As with parentage, participants' level of social cognition and self-concept appeared not to depend on whether they had deaf or hearing grandparents. Although this finding is consistent with the predicted result concerning social cognition, the finding conflicts with the pre-study

hypothesis concerning self-concept, which had predicted a lower self-concept for children of deaf parents who also have hearing grandparents. This outcome suggests that the documented advantages that deaf children of deaf parents apparently realize in terms of social, linguistic, and academic functioning, as I mentioned earlier, may not translate into an advantage once those deaf children themselves become parents, as least with respect to parenting their hearing children.

Before we generalize any of these findings, I should mention that the study is limited because of the disproportionate number of highly educated deaf adults whose children participated. Indeed, the deaf parents whose children participated in the study were so highly educated, as measured by years of schooling, that there were no significant differences in the educational level of deaf parents and hearing parents of participants. Although not among the original hypotheses, measures of social cognition and self-concept were examined post-hoc to see if differences existed differences exisited between participants whose parents were college educated or not college-educated. An interesting finding was revealed. Participants with college-educated hearing mothers and fathers scored significantly higher on social cognition than did participants with non-college educated hearing parents. But no differences existed between these two groups on the total score of self-concept. For participants with deaf parents, the outcomes were reversed. There were no differences in social cognition scores between the HADP of college-educated vs. non-college educated deaf parents, but children of college-educated deaf parents received significantly higher self-concept scores.

A possible explanation for this difference between the results of children of deaf and hearing college and non-college educated parents might relate to the differences in the quality of education received by the hearing and deaf college graduates. Most of the deaf parents attended Gallaudet University, the only liberal arts college for the deaf in the world, a school which has relatively low admission requirements. In fact, the academic skills and level of knowledge of these deaf college graduates may not be qualitatively different from that of deaf parents who did not graduate from college. However, deaf adults who are alumni of Gallaudet enjoy greater social status within their communities and remain socially connected to other deaf adults throughout their lives (Van Cleve & Crouch, 1989). Parents who themselves hold a leadership position within their community, or perhaps have high self-satisfaction, may have the positive ability to instill more self-confidence in their hearing children.

Although this study did not reveal social cognitive or self-concept differences between children of deaf and hearing parents, there may be different results for children of severely dysfunctional deaf parents who are removed from their parents' homes at an earlier age. Remember that a requisite for inclusion in this study was that the children lived with at least one natural parent. In other research we are pursuing, we are developing a profile of deaf parents who have abused or neglected their children and those children therefore have been temporarily or permanently removed from the home. In the present study, two children were excluded from the study because they no longer lived with their parents at the time of contact; three

could not be included because they had dropped out of high school or were truants; and one was in a juvenile detention facility following a criminal arrest. Of the 37 children of deaf parents who did participate in the study, two attended school through independent study at home because they were at-risk of failing to graduate from high school. Two children had just been released from court-ordered drug rehabilitation programs, and another had just been expelled from her previous high school. Of course the measurements utilized in this study were not designed to identify or quantify these difficulties. Nonetheless, a number of participants and potential participants affiliated with this research demonstrated significant personal and/or school problems.

Service providers who work with deaf families are cautioned to explore the mediation roles of children in the family and to be aware of how these roles influence family dynamics. Children that mediate will most likely, by their sheer visibility, be more well-known to hearing professionals. But the children who do not carry the responsibility for interpreting may, in actuality, be at greater risk for low self-esteem and other mental health problems. At the same time, however, professionals are warned not to view the mediator as being more socially mature than the average teenager with hearing parents. In fact, many interpreting responsibilities designated by the deaf parent are often beyond the intellectual depth and emotional maturity of the hearing child. Sensitive situations requiring interactions between deaf and hearing adults should always include the services of a professional sign language interpreter.

Indications of deaf adults' self-satisfaction and confidence in their roles as parents will likely influence how their children view themselves. Professionals will need to evaluate the extent to which the child is expected to meet the parents' dependency needs when reliance on a child's hearing extends beyond the interpreting role to that of surrogate parent. Most importantly, they need to be aware that deaf parents, whatever their family backgrounds, share the challenge of raising hearing children in a culture of which they, the parents, can never fully be a part.

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